

**ILLINOIS HEALTH FACILITIES PLANNING BOARD**  
**APPLICATION FOR EXEMPTION**  
**FROM CERTIFICATE OF NEED REVIEW AND PERMIT REQUIREMENTS**  
**(For All Projects or Transactions EXCEPT Change of Ownership)**

**JANUARY 2005 EDITION**

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"The Illinois Department of Public Health does not discriminate on the basis of handicap in admission or access to, or treatment or employment in its programs and activities in compliance with Section 504 of the Rehabilitation Act of 1973, as amended. The Equal Employment Opportunity Officer is responsible for coordination of compliance efforts; voice (217) 785-2034; TTY (217) 785-2088."

**ILLINOIS HEALTH FACILITIES PLANNING BOARD**  
**525 WEST JEFFERSON STREET, SECOND FLOOR**  
**SPRINGFIELD, ILLINOIS 62761**  
**(217) 782-3516**

**INSTRUCTIONS FOR COMPLETION OF THE APPLICATION FOR EXEMPTION**

The Application for Exemption form is to be used for all proposed projects or transactions (except those proposing changes of ownership) that are requesting an exemption from the requirements of obtaining a permit (certificate of need) under the provisions of the Illinois Health Facilities Planning Act. Persons making application should have and refer to the Planning Act and the rules promulgated thereunder, especially 77 IAC1130. This application form does not supersede any of the rules that are currently in effect and the requirements contained therein.

The application form is divided into several sections that address the exemption requirements specified in Part 1130. Complete and submit **ONLY** those sections along with the required attachments that pertain to the type of project or transaction proposed. Questions concerning completion of this form may be directed to the Health Facilities Planning Board staff at (217) 782-3516. This application form is also available on computer diskette and by electronic mail.

1. Please observe the following general requirements with respect to completion of the application:
  - A. Use this form as written and formatted.
  - B. Submit only those sections of the application form with attachments that are applicable to the proposed transaction or project. Attachments for each section should be appended after the last page of that section. Begin each attachment on a separate sheet and print or type the attachment identification in the lower right-hand corner of each page of the attachment.
  - C. Provide all information upon 8 ½" x 11" paper and print or type the information only on one side of the page. All documents must be single-sided and size 8 ½" x 11".
  - D. Upon completion of the application, number all pages consecutively at the bottom center of each page.
  - E. The application must be signed by the authorized representative(s) of each applicant entity.

**Failure to follow these general requirements may result in the application being declared incomplete. Applicants are advised to read Part 1130 with respect to completeness and other requirements.**

2. In addition to the above requirements, applicants must comply with the following requirements, if applicable:
  - A. **FLOOD PLAIN REQUIREMENTS.** Before an application for exemption involving construction will be deemed complete, the applicant must provide documentation from the Division of Water Resources of the Illinois Department of Transportation (217/333-0447) that the project site is or is not in a flood plain, and that the location of the proposed project complies with the Flood Plain Rule of Executive Order #4, 1979.
  - B. **HISTORICAL PRESERVATION REQUIREMENTS.** In accordance with the requirements of the Illinois Historic Resources Preservation Act, the Health Facilities Planning Board is required to advise the Illinois Historic Preservation Agency of any projects that could affect historic resources. Specifically, the Preservation Act provides for a review by the Historic Preservation Agency to determine if certain projects may impact upon historic resources. Such types of projects include:
    - i. Projects involving demolition of any structures; or
    - ii. Construction of new buildings; or
    - iii. Modernization of existing buildings.

Should any of these or other types of projects (including those for acquisition of major medical equipment) result in changes in the character or use of historic property or if there is any historic property located in an "area of potential effects," review by the Historic Preservation Agency is required. "Area of potential effects" means the geographical area or areas within which an undertaking may cause changes in the character or use of historic properties.

In order to assure that any proposed transaction or project is not delayed by the requirements of the Historic Resources Preservation Act, please submit the following information to the Illinois Historic Preservation Agency (Preservation Services Division, Old State Capitol, Springfield, Illinois 62701) so known or potential cultural resources within the project area can be identified, and the project's effects on significant properties can be evaluated:

- i. General project description and address;
- ii. Topographic or metropolitan map showing the general location of the project;
- iii. Photographs of any standing buildings/structures within the project area;
- iv. Addresses for buildings/structures if present.

The Historic Preservation Agency will provide a determination letter concerning the applicability of the Preservation Act. Include the determination letter or comments from the Historic Preservation Agency with the submission of the exemption application. Information concerning the Historic Resources Preservation Act may be obtained by calling (217) 792-4836.

If a determination letter from the Historic Preservation Agency is not submitted, the following information **MUST** be submitted with the application for exemption:

- i. Detailed map/site plans indicating the complete project area.
- ii. 35mm photographs of all buildings/structures within the project area, with addresses and construction date on the back of each photo.
- iii. Project narrative, with emphasis on the consequences of the plan on the building/structures within the project area.
- iv. Listing of federal and other state agencies which potentially would be involved in the project, either through funding, licensing, permitting or other forms of official support/approval.

**Failure to provide a determination letter from the Historic Preservation Agency that the project is not subject to the Historic Resources Preservation Act or failure to provide the required information detailed above may result in delays in processing the application for exemption.**

3. An application processing fee is required to be submitted with the application for exemption. The amount is specified in the section of the exemption application that applies to the proposed transaction or project. The fee MUST be submitted before the application is considered complete and a review initiated. **Payment must be by check or money order and must be made payable to the Illinois Department of Public Health.**
4. Three copies of all applicable sections of the application for exemption, including all attachments thereto, must be submitted. At least one copy must contain original signatures in the certification portion of the application. SUBMIT ALL THREE COPIES TO:

Illinois Health Facilities Planning Board  
525 West Jefferson Street - Second Floor  
Springfield, Illinois 62761

## ILLINOIS HEALTH FACILITIES PLANNING BOARD

### APPLICATION FOR EXEMPTION

#### SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (IDEN)

This section must be completed for all proposed projects or transactions (except proposed changes of ownership) requesting an exemption from review and from the requirements of obtaining a certificate of need permit.

##### A. Proposed Type of Project or Transaction

Check the applicable box that describes the proposed project or transaction.

- ☐ Acquisition of Major Medical Equipment
- ☐ Establishment or Expansion of Neonatal Intensive Care Service and Beds
- ☐ Combined Facility Licensure
- ☐ Temporary Use of Beds for Demonstration Programs
- ☐ Addition of Dialysis Stations to an Existing Facility

##### B. Applicant Identification (Refer to Part 1130.220 regarding necessary parties to an application for exemption. If there are co-applicants, provide the following information for each co-applicant and insert after this page)

Exact Legal Name \_\_\_\_\_

Address \_\_\_\_\_

Name of Registered Agent \_\_\_\_\_

Type of Ownership: ☐ Non-profit Corporation ☐ For-profit Corporation ☐ Limited Liability Company  
☐ Partnership ☐ Governmental ☐ Sole Proprietorship ☐ Other(specify)

Corporations and limited liability companies must provide an Illinois certificate of good standing; partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

#### APPEND DOCUMENTATION AS ATTACHMENT IDEN-1 AFTER THE LAST PAGE OF THIS SECTION.

##### C. Facility Identification

Does the proposed transaction involve one or more existing licensed or certified health care facility(ies) subject to the Health Facilities Planning Act? ☐ Yes ☐ No.

If no is checked, skip to item D. If yes is checked, provide the following information, then skip to item E. If more than one facility is involved in the transaction or project, provide this information for each facility and insert after this page, then skip to item E.

Facility Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ Zip \_\_\_\_\_ Illinois State Representative District \_\_\_\_\_

Type of Ownership: ☐ Non-profit Corporation ☐ For-profit Corporation ☐ Limited Liability Company  
☐ Partnership ☐ Governmental ☐ Sole Proprietorship ☐ Other(specify)

##### D. Project Identification

For proposed transactions (such as the acquisition of major medical equipment by a clinic) that do NOT involve a licensed or certified health care facility that is subject to the Planning Act, complete the following:

Project Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
County \_\_\_\_\_ Zip \_\_\_\_\_ Illinois State Representative District \_\_\_\_\_

**E. Primary Contact Person** (person who is to receive correspondence or inquiries)

Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. (\_\_\_\_) \_\_\_\_\_

**F. Additional Contact Person** (person such as consultant, attorney, financial representative, registered agent, etc. who also is authorized to discuss application and act on behalf of the applicant)

Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. (\_\_\_\_) \_\_\_\_\_

**G. Flood Plain Requirements**

Does the proposed project or transaction involve construction of a new building or an addition to an existing building? ☐ Yes ☐ No. If yes is checked, provide documentation from the Department of Transportation with respect to compliance with the Flood Plain requirements of Executive Order #4, 1979 (refer to instructions).

**APPEND DOCUMENTATION AS ATTACHMENT IDEN-2 AFTER THE LAST PAGE OF THIS SECTION.**

**H. Historic Resources Preservation Act Requirements**

Does the proposed project or transaction involve demolition of existing buildings, construction of new buildings, or modernization of existing buildings? ☐ Yes ☐ No. If yes is checked, provide a letter from the Illinois Historic Preservation Agency or documentation regarding compliance with the requirements of the Historic Resources Preservation Act (refer to instructions).

**APPEND DOCUMENTATION AS ATTACHMENT IDEN-3 AFTER THE LAST PAGE OF THIS SECTION.**

**I. Project Status and Completion Schedules**

1. Anticipated transaction or project obligation date (refer to Part 1130.140)

NOTE: The transaction or project is not to be obligated or occur prior to approval of the application for exemption. Projects or transactions that have been obligated without approval are in violation of the Planning Act and may be subject to the imposition of sanctions by the Health Facilities Planning Board.

2. Anticipated transaction or project completion date (refer to Part 1130.140)
3. Indicate the following with respect to any expenditures or to obligation (refer to Part 1130.140):
- ☐ Purchase orders, leases, or contracts pertaining to the transaction or project have been executed;
  - ☐ Obligation or completion is contingent upon approval of the exemption application;
  - ☐ Obligation or completion will occur after approval of the exemption application.

**J. Project Cost and Sources of Funds**

Complete the following table listing all costs associated with the project or transaction. Projects for major medical equipment must include the value of all necessary activities to acquire the equipment and to make the equipment operational including the cost or fair market value of the space in which the equipment is to be located.

<b>USE AND SOURCE OF FUNDS</b>	
<b>Use of Funds</b>	
Preplanning Costs	
Site Survey and Soil Investigation	
Site Preparation	
Off Site Work	
New Construction Contracts	
Modernization Contracts	
Contingencies	
Architectural/Engineering Fees	
Consulting and Other Fees	
Movable or Other Equipment (not in construction contracts)	
Bond Issuance Expense (project related)	
Net Interest Expense During Construction (project related)	
Other Costs To Be Capitalized	
Acquisition of Building or Other Property (excluding land)	
<b>ESTIMATED TOTAL USE OF FUNDS</b>	
<b>Source of Funds</b>	
Cash and Securities	
Pledges	
Gifts and Bequests	
Bond Issues (project related)	
Mortgages	
Leases	
Government Appropriations	
Grants	
Other Funds and Sources	
<b>ESTIMATED TOTAL SOURCE OF FUNDS</b>	

Note: When a project or any component of a project is to be accomplished by lease, donation, gift, or similar means, the fair market or dollar value of the component must be included in the estimated project costs. Indicate **FMV** in front of the line item amount whenever the costs represent fair market value. Refer to 77 IAC 1190.40(b) to determine fair market value.

**K. Certification**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are in the case of a corporation, any two of its officers or members of its board of directors; in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist); in the case of a partnership, two of its general partners (or the sole general partner when two or more general partners do not exist); in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and in the case of a sole proprietor, the individual that is the proprietor. The signature(s) must be notarized. If the application has co-applicants, a separate certification page must be completed for each co-applicant and inserted following this page. One copy of the application must have the ORIGINAL signatures for all persons that sign for the applicant or for the co-applicants.

**This Application for Exemption is filed on behalf of \_\_\_\_\_\***  
**in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for exemption on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the exemption application fee required for this application is sent herewith or will be paid upon request.**

\_\_\_\_\_  
Signature\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Printed Title

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_  
Signature of Notary

Seal

\_\_\_\_\_  
Signature\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Printed Title

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_  
Signature of Notary

Seal

\*Insert EXACT legal name of the applicant

**SECTION II. PROJECTS FOR THE ACQUISITION OF MAJOR MEDICAL EQUIPMENT (MME)****A. PROJECT DESCRIPTION**

Provide in the space below, a description of the transaction. Identify each piece of major medical equipment to be acquired, the major medical equipment's cost, the model number, the manufacturer, and equipment specifications. When there are co-applicants, explain the relationship among the co-applicants specifying who will be acquiring and who will be operating the equipment, as applicable.

**B. EQUIPMENT LOCATION**

Indicate whether the equipment is mobile ☐ or is fixed and will be installed at a specific site ☐.

1. For fixed site equipment, provide the address of the premises where the equipment will be installed and a description of the premises that includes a gross square footage space (GSF) allocation for the functions contained therein, such as, but not limited to, diagnostic or treatment areas, administrative space, doctors offices, waiting rooms, mechanical areas, etc. Indicate the GSF and purpose of any space that is shared or utilized by any person other than the applicant(s).
2. Provide the name and address of the person who owns the site or premises where the equipment will be located or utilized and indicate if that person is related to a health care facility or to the applicant(s).  
NOTE: this information must be provided for each site or premises that will be served by mobile equipment.
3. For each site or premises where the equipment will be located or utilized, provide the following, as applicable: a copy of any existing or proposed lease with the site owner, a purchase agreement for the site, or proof of ownership of the site where the equipment will be located or utilized.

**APPEND DOCUMENTATION AS ATTACHMENT MME-1 AFTER THE LAST PAGE OF THIS SECTION.**

**C. BACKGROUND INFORMATION**

Is the applicant owned by, controlled by, or related to another entity? ☐ Yes ☐ No.

If yes is checked, do any of the related entities own, operate, or control a health care facility? ☐ Yes ☐ No.

Provide an explanation as to the applicant's relationship with the related entities and provide an organizational chart listing all related entities. Include the name and location of any related health care facility, if applicable.

**APPEND DOCUMENTATION AS ATTACHMENT MME-2 AFTER THE LAST PAGE OF THIS SECTION.**

**D. ACQUISITION AND OPERATING DOCUMENTS**

Provide a copy of any documents that apply to the acquisition or operation of the major medical equipment including: lease agreement with the manufacturer, bid/price quotation for the equipment being acquired, and any lease or operating agreement between or among the co-applicants.

**APPEND DOCUMENTATION AS ATTACHMENT MME-3 AFTER THE LAST PAGE OF THIS SECTION.**

**E. QUALITY ASSURANCE PLAN**

Provide an existing or proposed quality assurance plan for the proposed equipment addressing the following:

1. How regular objective evaluation of all audits and medical care will be performed;
2. How patient interviews and complaint evaluation will be performed;
3. Infection control measures



4. Incident reporting
5. Allied health professional credentialing;
6. Evaluation of external surveys affecting quality of care;
7. Safety committee concerns;
8. Problem resolution; and
9. Confidentiality concerns.

**APPEND DOCUMENTATION AS ATTACHMENT MME-4 AFTER THE LAST PAGE OF THIS SECTION.**

**F. CERTIFICATIONS**

Provide a notarized statement containing the following assurances:

1. That the equipment will not be used to provide services to inpatients of any health care facility; and
2. That use of the equipment will not result in the inpatient admission of patients to a health care facility following outpatient treatment except in emergency conditions.
3. That the equipment has not been acquired nor has an agreement been entered into to acquire the equipment.

**APPEND DOCUMENTATION AS ATTACHMENT MME-5 AFTER THE LAST PAGE OF THIS SECTION.**

**G. APPLICATION PROCESSING FEE.** The exemption application processing fee is the greater of \$1,000 or .1 percent of the total project costs as shown in item J of Section I. A check or money order made payable to the **Illinois Department of Public Health** must accompany the application.

**SECTION III. PROJECTS FOR THE ESTABLISHMENT OR EXPANSION OF  
NEONATAL INTENSIVE CARE SERVICE AND BEDS (NICU)**

**A. PROJECT DESCRIPTION**

Provide a narrative description of the proposed transaction.

**APPEND DOCUMENTATION AS ATTACHMENT NICU-1 AFTER THE LAST PAGE OF THIS SECTION.**

**B. BEDS AND SERVICES**

Provide a list that identifies the location of the neonatal intensive care unit and the number of neonatal intensive care beds proposed. In this list, also include the number of beds and services for each category of service offered at the facility. The services and number of beds **MUST** be consistent with the data contained in the Inventory of Health Care Facilities, Services and Need Determinations.

**APPEND DOCUMENTATION AS ATTACHMENT NICU -2 AFTER THE LAST PAGE OF THIS SECTION.**

**C. REGIONALIZED PERINATAL ADVISORY COMMITTEE REQUIREMENT**

Provide a copy of the letter from the Regionalized Perinatal Advisory Committee which documents that the committee supports the proposed project.

**APPEND DOCUMENTATION AS ATTACHMENT NICU – 3 AFTER THE LAST PAGE OF THIS SECTION.**

**D. CERTIFICATIONS**

Provide a notarized statement signed by an authorized representative of the applicant entity that attests to the following:

1. That a final cost report will be submitted to the Agency no later than 60 days following the anticipated project completion date; and
2. That failure to comply with the material change and completion requirements of this Section will invalidate the exemption.

**APPEND DOCUMENTATION AS ATTACHMENT NICU – 4 AFTER THE LAST PAGE OF THIS SECTION.**

- E. APPLICATION PROCESSING FEE.** The exemption processing fee is the greater of \$1,000 or .1% of the total estimated project cost with a maximum application processing fee of \$20,000 for projects with \$20,000,000 or more estimated project cost. A check or money order in this amount payable to the **Illinois Department of Public Health** must accompany the application.

**SECTION IV. PROJECTS FOR COMBINED FACILITY LICENSURE (CFL)****A. PROJECT DESCRIPTION**

Provide in the space below a narrative description of the proposed transaction and document that the facilities being combined are on the same or adjacent site(s) and have the same licensee.

**APPEND DOCUMENTATION AS ATTACHMENT CFL-1 AFTER THE LAST PAGE OF THIS SECTION.**

**B. BEDS AND SERVICES**

Provide a list of all categories of services and the number of beds or stations for each category of service (as applicable) for the health care facilities that are being combined. The services and number of beds **MUST** be consistent with the data contained in the Inventory of Health Care Facilities, Services and Need Determination.

**APPEND DOCUMENTATION AS ATTACHMENT CFL-2 AFTER THE LAST PAGE OF THIS SECTION.**

**C. LEGAL NOTICE REQUIREMENTS**

Provide proof of publication of the legal notice regarding the combination as required by Part 1130.541(c).

**APPEND DOCUMENTATION AS ATTACHMENT CFL-3 AFTER THE LAST PAGE OF THIS SECTION.**

**D. CERTIFICATIONS**

Provide a notarized statement signed by an authorized representative of the applicant entity that attests to the following:

1. That the categories of service and number of beds or stations will not substantially change as a result of combining the facilities under a single license; and
2. That the combination of the facilities is for the sole purpose of operating the existing facilities under a single license; and
3. That the transaction has not yet been entered into or executed.

**APPEND DOCUMENTATION AS ATTACHMENT CFL-4 AFTER THE LAST PAGE OF THIS SECTION.**

- E. APPLICATION PROCESSING FEE.** The exemption application processing fee is \$1,000. A check or money order in this amount payable to the **Illinois Department of Public Health** must accompany the application.

**SECTION V. PROJECTS FOR TEMPORARY USE OF BEDS  
FOR DEMONSTRATION PROGRAMS (TEMP)**

**A. PROJECT DESCRIPTION**

Provide in the space below a narrative description of the proposed project indicating the name of the demonstration program, the statutory authority or citation that established the demonstration program, the agency responsible for administering the demonstration program, and the type and number of beds that will be participating in the demonstration program.

**B. LEGAL NOTICE REQUIREMENTS**

Provide proof of publication of the legal notice regarding the project as required by Part 1130.542.

**APPEND DOCUMENTATION AS ATTACHMENT TEMP-1 AFTER THE LAST PAGE OF THIS SECTION.**

**C. CERTIFICATIONS**

Provide a notarized statement signed by an authorized representative of the applicant entity that attests to all of the following:

1. That the number of beds participating in the demonstration program will continue to be inventoried according to their presently approved use; and
2. That the temporary use of such beds shall cease upon withdrawal from or completion of the demonstration program; and
3. That if such beds are to be permanently used for purposes other than those inventoried, a permit will be obtained from the State Board; and
4. That the temporary use of such beds will not be for demonstration models established pursuant to the Alternative Health Care Delivery Act.

**APPEND DOCUMENTATION AS ATTACHMENT TEMP-2 AFTER THE LAST PAGE OF THIS SECTION.**

**D. APPLICATION PROCESSING FEE**

The exemption application processing fee is \$1,000. A check or money order in this amount made payable to the **Illinois Department of Public Health** must accompany the application.

**SECTION VI. PROJECTS FOR THE ADDITION OF DIALYSIS STATIONS (ADS)****A. PROJECT INFORMATION** (provide the following:)

1. What is the number of additional dialysis stations requested in this application? \_\_\_\_\_
2. What is the facility's current number of certified dialysis stations? \_\_\_\_\_
3. What is the facility's planning area for dialysis services? \_\_\_\_\_
4. What is the number of additional dialysis stations identified in the inventory as needed for the facility's planning area? \_\_\_\_\_.
5. What is the date of the inventory update you used to obtain the information in #4 above?
6. What is the total number of treatments provided by this facility for the most recent 12 months that utilization data is available? \_\_\_\_\_. Specify the 12 month period (year) \_\_\_\_\_
7. Based upon the facility's number of treatments provided in #5 above, what is the facility's utilization rate for the 12 month period for which data was provided? \_\_\_\_\_%.
8. Does the utilization rate listed in #6 above meet the rate of 80% specified in 77 Ill. Adm. Code 1100.630?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**B. LEGAL NOTICE REQUIREMENTS**

Provide proof of publication of the legal notice regarding the project as required by Part 1130.544.

**APPEND DOCUMENTATION AS ATTACHMENT ADS-1 AFTER THE LAST PAGE OF THIS SECTION.**

**C. CERTIFICATIONS**

Provide a notarized statement signed by two authorized representatives (in the case of a corporation, one must be a member of the board of directors) of the applicant entity that attests to the following:

1. That a final cost report will be submitted to the Agency no later than 60 days following the project completion date; and
2. That the project has not yet been entered into or executed.

**APPEND DOCUMENTATION AS ATTACHMENT ADS-2 AFTER THE LAST PAGE OF THIS SECTION.**

**D. APPLICATION PROCESSING FEE**

The exemption application processing fee is the greater of \$1,000 or .1 percent of the total project costs as shown in item J of Section I. A check or money order payable to the **Illinois Department of Public Health** must accompany the application.